Rhode Island Department of Environmental Management Emergency Response Investigation Expense Report

Case Number:		Date of Incident:		Time of Incident:		
Names of all DEM personnel in	nvolved (includ	ing yourself, superviso	or, and clerical staff):		Total Hours for each:	
Vehicle(s) Used: Total Miles:			Boat(s) Used:		Total Hours:	
No Yes	1 otaloc		□ No □ Yes		Total Hours.	
Number: Other DEM Equipment	Number: Description and Cost:					
Used:	Description a	Description and Cost.				
☐ Yes						
Lost or Damaged	Description a	and Coot				
Equipment:	Description and Cost:					
□ Yes						
DEM Absorbent Pads Used:	DEM Granuk	ar Absorbant Head:	Laboratory Analysi	io:	Cost of Lab Work:	
□ No □ Yes	DEM Granular Absorbent Used: No Yes		No Yes		COSt OI Lab WOIN.	
Number:	Number of bags:		Kind:			
Photographs Taken:	Cost of Photographs (film, developing, printing, etc.):		Phone calls and FAXes:		Phone and FAX costs:	
☐ Yes Number:	(min, developing, printing, etc.).		☐ Yes			
Contractor Used:	Contractor Charge to DEM:		Description and Cost of Other DEM		1 Resources Used:	
☐ Yes Name:						
ruine.						
Investigator Name (please pri	Investigator's Signa	vestigator's Signature: Date		pleted:		
mrootigator Hamo (picaso pilitt).		missingulor o dignaturo.		Date Comp	oleteu.	
Supervisor's Name (please print):		Supervisor's Signature:		Date Com	Date Completed:	
oupervisor s marine (piease print).		Supervisor & Orginature.		Date Comp	Data completed.	